A STUDY OF MENTAL HEALTH OF WORKING WOMEN IN PATNA: ROLE OF FAMILY

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INTRODUCTION

In the past two decades or so, not only the Indian families have undergone significant structural and functional changes, but gender role is also relatively changing. Still, it is the woman who is expected to accommodate their careers to fit their families (Karambayya & Reilly, 1992). As Bharat (2003) has noted "regardless of wives' employed status, domestic responsibilities continue to be shouldered by women and perceived as their primary duty in life Full time employment thus, is an added responsibility for women". Contemporary developments pore a great challenge to the dual career men and women and balancing work and family demands become arduous (Muchinsky, 2000).

Combining full time employment within the role of a housewife and a mother presents a serious problem for women since their varied roles as home makers, and as providers working outside their homes. They are not getting recognition and the argument is that the place of women is the home.

The traditional role model sees the ideal situation as the one in which husband is the primary employed person and earning a wage is not seen to be of essential value to a women's life, rather as an exception, a kind of added extra. In the similar, another view regards employment as a key aspect of woman existence, and argues that with the help of paid work, women can realize their potential and escape their subordination to men. Having a formal work apart from the unpaid household work has become a virtual necessity for women, no matter to which class they belong. It has become essential for their self-respect, autonomy, and employment.

The lives of women of current era are much different than the older days (Hoffman 1986). They are going to expand their lives to include a career while maintaining their traditional roles. Mothers may work in an office for six to eight hours, but their work does not end there, after finishing office, a mother comes home and takes care of her

children, husband, and house. Her office as well as home responsibilities make a very demanding schedule (Rapaport & Rapaport 1972). The decision to be a house wife or working lady may depend on factors such as financial situation, work availability, children's age, partner support, work passion, education and health (Kessler & MacRae 1982). The rapidly increasing number of women in the workforce has given rise to a surge of research aimed at measuring such an assessment is especially important at their particular juncture when demographic trends suggest that the number of employed women is increasing. Regarding work-family issues, there is ongoing evidence suggesting that a lack of work and family balance lead to work-family conflict (Grzywacz and Bass, 2003; Major, Klein & Ehrhart, 2002). Hence, researchers have focused on the negative aspects of simultaneously participating in work and family roles. In contrast, researchers like Carlson, Kacmar, Wayne & Grzywacz, 2006; Greenhaus & Powell, 2006 are beginning to shift the focus from these negative aspects to discover the positive potential available to those individuals who enjoying a full joyful life. By becoming work and family role an emerging body of research is now showing the benefits derived from multiple role participation. It is evident that work- lives can either enhance or detract family lives.

In the same manner, family lives can have positive or negative influences on work attitudes, behaviors, and outcomes. For instance, long working hours, over-involvement in work and job stress may produce distress within the family domain, withdrawal from family responsibilities and adversely affect one's overall quality of life. Similarly, extensive care-giving responsibilities and intensive involvement with family activities can limit individual's career choices and aspirations and negatively affect their work involvement, job-satisfaction and intention to continue their employment. In contrast, there are several resources derived from one's work-role, such as income, job autonomy and social support that can positively influence one's experiences and well-being, because both work and family lives have a profound influence on one another, understanding the linkage between work and family roles has important implications.

Working women can utilize their abilities and skills not only for them but for their family and society as well. Rich experiences out of the home may consist of intellectual

stimulation, problem solving, and handling challenge. These experiences are the source to enhance their self-esteem, self-confidence and sense of satisfaction. They have their own income, which offers independence, security and freedom. Working women can meet the financial needs of their family in case of husband's health or marriage failure and feelings of unimportance.

A woman is a female human. The term "woman" is usually reserved for an adult, with the term girl being the usual term for a female child or adolescent. However, the term "woman" is also sometimes used to identify a female human, regardless of age, as in phrases such as "women's rights". "Woman" may also refer to a person's gender identity instead of their sex. Women are typically capable of giving birth from puberty until menopause.

The term woman is usually used for an adult girl. Womanhood generally refers to the period after the age of 18 years in the life of a female. "Woman" is the great creation of God, a multi-faceted personality with the power of benevolence, integrity, adjustability, and tolerance (Ghadially & Rehana 1998).

MENTAL HEALTH OF WORKING WOMEN

World Health Organization (WHO) estimates, depression is expected to be the second largest contributor to disease burden by 2020, and with one in every three women worldwide being afflicted by common mental disorders including depression, the mental health of women is a serious issue indeed. While studying the psychological construct of mental health, we come to understand that it is deeply embedded within an individual's social and socioeconomic relationships. Working women are more subject to mental disorders due to rapid social change, gender-based discrimination, social exclusion, gender disadvantage like marriage at young age, concern about husband's bad habits and domestic violence.

Working women are more likely to suffer from adverse life events, to-live in crowded or stressful conditions, and have a very few occupational opportunities

This note attempts to explore the various risk and protective factors affecting the mental health of women. Considering the matter, urgent remedial measures such as understanding the underlying causes of psychological distress among women, adopting a gender sensitive approach, working towards women's empowerment and formulating women friendly health policies could work wonders for the mental health of working women.

To understand mental health, it is necessary to explain and define health and mental health. Health is the level of functional or metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social challenges. Different concepts of health and illness exist both within and between different societies. Different researchers conceptualized health in different ways. According to Dan (1994) health is determined by the interaction of economic, political and social forces. On the other hand, D'Houland and Field (1984) felt that a state of good mental and physical equilibrium represents health. WHO (1946) has defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Calnan (1987) thought that being able to maintain normal role functioning, being fit, being able to cope with crisis and stress indicates the health of a person thus, health is that balanced condition of the living organism in which the integral, harmonious performance of the vital functions tends to the preservation of the organism and the normal development of the individual. A healthy person is one who has a sound body, is happy, is capable of living in harmony with others, and tries his best to keep other's happy.

The context in which an individual lives is of great importance for both his health status and quality of their life. It is increasingly recognized that health is maintained and improved not only through the advancement and application of health science, but also through the efforts and intelligent lifestyle choices of the individual and society. According to the World Health Organization (2011), the main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviors. More specifically, key factors that have been found to influence whether people are healthy or unhealthy include the following: Income

and social status, Social Support networks, Education and literacy, Employment/ Working conditions, Social environments, Physical environment, Personal health practices and coping skills, Healthy child development, Biology and genetics, Health care services, Gender, and Culture.

There is a little difference between health and mental health concepts both encompass the wellbeing of individuals. Mental health has been defined by the World Health Organization (WHO) (3 September 2007) as A state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community'. It connotes those behaviours, perceptions and feelings that determine a person's overall level of personal effectiveness, success, happiness and excellence of functioning as a person" (Kornhauser, 1965).

It shows the concepts of personality characteristics and behavior all in one. It may also be understood as the behavioral characteristic of the person. A mentally healthy person shows homogenous organization of desirable attitudes, healthy values and righteous self-concept and a scientific perception of the world as a whole. Several psychologists like Erickson (1963), Rogers (1969), Hurlock (1972) have expressed their view in a similar tone. A mentally sound person or healthy person should also be understood as a dynamic and conscientious person who is found to be reasonably rational in the choice of means for the realization if his/ her pious ends (Anand, 1989).

Mental health is an attitudinal concept toward us, and others and it presents a humanistic approach towards the understanding and assessment of the self, positive feeling, attitudes towards self and others. After reviewing literature in this field, (Jahoda, 1959; Maslow & Mittleman, 1951; Rogers, 1961, Whittaker, 1970), six indices of mental health were highlighted (Singh & Sen Gupta, 1961): 1. Emotional Stability, 2. Adjustment, 3. Autonomy, 4. Security-Insecurity, 5. Self/Concept and 6. Intelligence

In connection to the above-mentioned perspective, it is understood that mental health of individual is in danger. The effective resolution of mental health leads to improved familial interactions; obtain healthy coping styles, mental fitness and sufficient social

development, Self-confidence, and personal achievements. The mental health of an individual's life serves as a platform to influence him into the world, family, peers, school authorities, and in personal lifestyle.

Mental pressure is a vital cause of the mental health problems which arise due to various conditions. If the mental condition is good, women can take various responsibilities of a family and her, understand the complications, and try to solve them, plan for future and adjustment with others by becoming mentally strong.

The interface between the workplace and the family life is more stressful for the women who work outside the home and they have to perform both familial as well as professional roles. This in turn, leads to stress of a person and affects mental health.

REVIEW OF LITERATURE

Rastogi and Kashyap (2001) reported that significant negative relationship existed between occupational stress and mental health among married employed in teaching, nursing and clerical jobs. The sources of stress for working and non-working women are heavy workload, lack of co-operation from colleagues or neighbors and negative community attitude. Ojha and Rani (2004) observed significant negative correlations between life stress and positive self-evaluation and between life stress and integration of personality among working and non-working women. Sharma, Yadav & Yadav (2001) Found that moderate job work stress group was less prone to psychological depression and better mental health as compared to the low or high job-stress group. Srivastava & Asthana (2009) concluded that occupational statuses have no impact on mental health of working women and the role of stress is negatively correlated with mental health of working women. Emmons, Biemat, Tiedje, Lang & Wortman (1990) pointed out that the stress of managing multiple roles is greatest and the psychological benefits least when work and family responsibility are both heaving. It leads to conflict. Mishra et al. (1998) traced some of the predictors of work family conflict among Indian working women with identifying the area where conflict was experienced to a maximum extent. The results revealed that profession versus parent area exhibited maximum, though moderate conflict. Occupational type did not leave any significant impact on role conflict whereas

clerks were found to experience greater conflict than officer grade employees. Working women may be prone to low quality of life, because they bear the double burden of housework and a job outside the home. Because they have to work in two environments, one is the office environment and the other is home environment. Anxiety and depression are significantly more in working women as compared to non-working women as reported by a lot of research.

On contrary, Singh and Mediratta (2005) investigated that homemakers were found to be higher on stress and depression as compared to working women. Srivastava (1999) found that working married women have no stress as compared to non-working women. Bhattacharjee & Batt (1983) found that married working women were better adjusted, more stable and experienced and had less psychological conflicts compared to non-working married women.

Karambayya and Reilly (1992) reported a negative relationship between work involvement and marital satisfaction for both men and women in dual-career relationship, indicating that those individuals who reported being more involved in their career were also less satisfied with their marriage. Some studies revealed clear conflicts with family. Aryee, et al (1992), results indicated that married professional women to experience moderate amounts of each type of work-family conflict. Role stressors explained most of the variance in job-spouse and job-homemaker conflict, while task characteristics explained the most variance in job parent conflict. Greenhaus & Beutell (1985), Frone, Russell & Cooper (1992) have documented that employees with significant dependent care responsibilities (e.g.) employees who have responsibilities caring for young children, employees with large families, employees who care for dependent elders tend to report higher levels of work family conflict. Frone et al. (1991) found that the experience of work-family conflict was reported almost three times more frequently than the experience of family work conflict among men and women. Adams, Kings & Kings (1996) found negative correlation between work family conflict and emotional well being general life satisfaction. Burke and Greenglas (1999) found relative impact of work and family stressors on overall wellbeing, the impact of job stressor on family life, and the impact of family stressor on work life. Frone (2000) through several studies have already

demonstrated the detrimental effects of work-family conflict on psychological distress and depression. They found that increased conflict is associated with decreased psychological health.

Pugliest (1989) explored the effects of social roles on women's well-being. Results indicate that parenthood has a weak positive effect on support and marriage reduces levels of distress. Employment does not enhance well being via social support, but does have a positive effect on self-esteem.

RATIONALE OF STUDY

In recent years the role and status of the women have been changed tremendously. With increasing female education and liberty for their rights and privileges, women's attitude towards their stereotyped role is changing. Their participation in education and work place has also led to their increased socio-familial roles. Women exist under cultural norms and values so the working women have to make an adjustment with the family members. There are same evidences suggesting that the load of work and family related works lead to work-family conflict (Grzywacz & Bass, 2003; Major, Klein & Ehrhart, 2002). Dual participation in work and family of an individual's life leads to stress and starts depleting.

AIMS AND OBJECTIVES

Aims: Aims: To understand the family dynamics related to women's mental health and their well being and to enhance the level of day to day functioning of working women and her family members.

Objectives

1. To assess the level of mental health of working women in Patna using pertinent parameters of mental health.
2. To study the role of family member as a whole, and the spouse as particular on the level of mental health of working women.

3. To assess the level of challenges faced by the working women in the family as well as at the work place and to explore the coping mechanisms applied.
4. To see the level of change in attitude of family members towards the working women.
5. Find out the change in women's status in the family in terms of finance and decision making.

Research Questions

1. What is the current mental health status of working women in the context of her roles in the family and society?
2. Is there any change in the status of women in the family and society due to her job?
3. What is the role of family members in general and the spouse in particular for better mental health of working women?
4. What is the change in attitude of family members and the society towards the working women?
5. What is the level of challenges faced by the working women inside the family as well as at work place and how she copes with these challenges?

METHODOLOGY

Universe and Sample

The geographical Area of the study will be Patna (Municipal Area). The universe of the study will be all the married working women of 25 years and above from various Government Organization as Government Hospital, Collectorate, Police line, Post Office, Secretariat of various department of government of Bihar etc, those who are at the middle level posts in their job hierarchy. The Government of India or the Government of States in India classified public employees into Group A (Gazetted/Executive), B (Gazetted), B (Non-Gazetted), C and D. Earlier classification was Class I (Gazetted), II (Gazetted), II (Non-Gazetted), III and IV. Class I or Group A is the highest rank and the Class IV or

Group D is the least (Gazetted Officer, India, Wikipedia, the free encyclopedia 4/9/2016). Work nature of class III or group Cemployees as a public servants in non-supervisory roles i.e.Head clerks/Section heads, Police Head Constables, Typists, Stenographers, Tax Assistants, Telephone operators etc. Keeping in mind the employee's of this class suffer from heavy work load at their work place and in their families. Respondents of this study will be selected from Class III employees. The sample size of the study will be 300 married working women. The subject will be purposively selected keeping in mind those who are easily available at work place or at home.

Tools

The following tools will be used for measuring mental health of working women and role of family:

I. For measuring the mental health of the working women "Employee's Mental Health Inventory" constructed and standardized by Jagdish.

II. An interview schedule will be prepared keeping in mind the objectives of the study to understand the level of challenges faced by the working women in the family as well as at the workplace and to explore the coping mechanisms applied and the change in women's status in the family in terms of finance and decision making.

Technique of data collection

The data will be collected from the respondents through establishing rapport and interaction. The researcher will contact the respondents at their place of work or home as per their convenience. The purpose of the study will be explained and consent will be taken from the respondents. Subjects will be assured that their responses would be kept confidential and will be used only for research purposes. Those who will not be willing to participate in this research they will not be included in the sample. So the employees genuinely interested to cooperate would constitute the part of the sample. First Interview will be done using the Interview schedule thereafter other scales will be administered.

Analysis of data

The gathered information will be coded and interred in adequate Computer software will be used like "MS Excel" or "SPSS". The statistics will be used as per the requirements of the research and inferences will be drawn accordingly.

TENTATIVE CHAPTERS

Chapter-1: Introduction.

Chpater-2: Review of Literature

Chapter-3: Methodology

Chapter-4: Mental health of working women in Patna and role of family.

Chapter-5: Challenges of working women: How they cope?

Chapter-6: Women's status in the family: Is there any change due to their job.

Chapter-7: Discussion, Conclusions and Recommendations.

References

Appendices

Note: These chapters are tentative, after the final data analysis it could be changed depending on the amount of data and its length of interpretation and its relevancy.

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